

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10540344

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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8						
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10						
11						
12						
13						
14	1					
15						
16						
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26						
27	1					
28						
29	1					
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34	1					
35						
36						
37						
38						
39	1					
40						
41						
42	1					
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO-1340 (REV. 11/04)

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